



Summary of Actions: 2017 National Conference of Constituency Leaders

2017 Resolutions

To sort by constituency, select the entire table; click on “layout tab”; click on “sort” in the data group; sort by “constituency” or column 3.

Res. No.	Title and Resolved	Constituency	Reference Committee	Referrals	Action
1001	<p>Primary Care Physician as U.S. Surgeon General <i>RESOLVED, That the American Academy of Family Physicians write a letter to the President of the United States recommending that the Surgeon General be a primary care physician, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) establish a Speak Out Campaign to help members of the AAFP to communicate with the White House and federal legislators recommending that the Surgeon General be a primary care physician.</i></p>	Women, Minority	Advocacy		<p>1st Resolved Clause – Accept for information. Accepted for Information by the AAFP Board of Directors. A letter was sent to President Trump urging him to appoint a family physician as Surgeon General.</p> <p>2nd Resolved Clause – Accept for information. Accepted for Information by the AAFP Board of Directors. A letter was sent to President Trump urging him to appoint a family physician as Surgeon General.</p>
1002	<p>Care of Women and Children in Family Immigration Detention <i>RESOLVED, That the American Academy of Family Physicians oppose the detention of families seeking safe haven, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians oppose the expansion of family immigration detention in the United States, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians oppose the separation of parents from their children who are detained while seeking safe haven, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a policy statement on family immigration detention including but not limited to opposing the detention of families seeking safe haven, opposing</i></p>	New Physician, Minority	Advocacy	<p>1st, 2nd, 3rd Resolved Clauses - Commission on Governmental Advocacy</p> <p>4th Resolved Clause - Commission on Health of the Public and Science</p>	<p>Accept for information. 1st, 2nd, 3rd Resolved Clauses - CGA suggested that the issue raised in NCCL Resolution 1002 should be further evaluated and discussed the importance of keeping families together in immigration detention. Although they agreed to recommend that the AAFP accept for information the first and second clauses of NCCL Resolution 1002, the CGA wanted to clarify the third resolved clause to read as follows: “RESOLVED, That the American Academy of Family Physicians oppose the separation of parents from their children if either is detained while seeking safe haven.” The Board concurred.</p> <p>4th Resolved Clause – Agree with modification. The commission will revise the Incarceration and Health Position Paper to specifically include recommendations regarding the treatment and care of women and children in detention facilities to include the AAFP’s position on</p>

	<i>expansion of family immigration detention in the U.S. and opposing separation of parents from their children who are detained while seeking safe haven.</i>				separation, expansion, and those seeking safe haven.
1003	<p>Supporting Family Physicians Negatively Impacted by Current Immigration Policy</p> <p><i>RESOLVED That the American Academy of Family Physicians oppose legislation or executive orders that create barriers for immigrant and non-immigrant physicians with a work visa that practice in the U.S., and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create a policy statement regarding the important role physicians on Visa waivers currently play in alleviating the physician shortage and increasing access to care for underserved Americans.</i></p> <p><i>RESOLVED, That the AAFP use its social media platforms to highlight stories of its immigrant and nonimmigrant family physicians on work Visas.</i></p>	Minority	Advocacy	<p>1st Resolved Clause - Commission on Governmental Advocacy</p> <p>2nd Resolved Clause – Commission on Education</p> <p>3rd Resolved Clause – Accepted for Information by the AAFP Board of Directors</p>	<p>1st Resolved Clause – Reaffirm. CGA recognized that the AAFP has issued a statement and written to President Trump taking issue with the administration's attempt to ban travelers from certain countries, citing the hardship such restrictions would create for international physicians and medical students. The CGA agreed to recommend that the AAFP reaffirm NCCL Resolution 1003. The Board concurred.</p> <p>2nd Resolved Clause – The Subcommittee on Resident and Student Issues/Commission on Education (SRSI/COE) recommends via a Board chair recommendation the revision to the Visa (J-1) Waiver Program nonclinical policy: The AAFP reaffirms its position that it is the responsibility of the United States to train and distribute an adequate number of physicians to meet the diverse health care needs of its people, as well as to provide training opportunities for physicians from other countries. The AAFP supports strategies designed to provide recognizes the important role physicians utilizing Visa (J-1) waivers play in serving underserved communities and eliminating health care disparities within the United States. The AAFP is committed to advocating on behalf of immigrant physicians dedicates to serving rural, underserved and disadvantaged populations in this country or returning to their country of origin. and to eliminate health care disparities within the United States. In the meantime, the AAFP supports J-1 visa waivers for physicians from countries not currently in need of those physicians' specialty medical services, but the AAFP cannot support J-1 visa waivers for physicians whose countries of origin are currently in need of those physicians' specialty medical services. ALL IN RED IS TO BE DELETED.</p> <p>3rd Resolved Clause – Accepted for Information by the AAFP Board of Directors. The AAFP features members each Monday on our social media platforms who have an interesting back story. In the future, the possibility exists to highlight</p>

					immigrant and nonimmigrant family physicians.
1004	<p>Removing Barriers to Access to Office-Based Buprenorphine Therapy for Opiate Dependence RESOLVED, That the American Academy of Family Physicians support chapters in working with their state legislatures to eliminate preauthorization requirements for buprenorphine when used for treatment of opioid use disorder.</p>	LGBT, Women	Advocacy	Commission on Governmental Advocacy	Reaffirm. CGA agreed to recommend that the AAFP reaffirm NCCL Resolution 1004 as in keeping with current AAFP policy. The AAFP Board concurred.
1005	<p>Eliminating Barriers for Gender Marker Change on Legal Documents RESOLVED, That the American Academy of Family Physicians support the elimination of barriers for changing gender markers on legal documentation, and be it further</p> <p>RESOLVED, that the American Academy of Family Physicians assist chapters in working with state legislators to draft state legislation to eliminate barriers to gender marker change.</p>	LGBT	Advocacy	Commission on Governmental Advocacy	Agree (with or without recommendation to Board). The Board directed staff to identify appropriate model legislation and create a one-page issue brief around gender marker changes for Chapters to use to implement NCCL Resolution 1005.
1006	<p>Opposition to Dakota Access Pipeline RESOLVED, That the AAFP Board of Directors send a letter detailing the public health and social justice concerns of the proposed route of the Dakota Access Pipelines proposed route under Lake Oahe to the present Administration and Energy Transfer Partners, the company building the pipeline.</p>	IMG, New Physician, LGBT, Minority	Advocacy		Accepted for information by the AAFP Board of Directors. While the AAFP recognizes the impact of the pipeline to those affected, this is outside the purview of the AAFP.
1007	<p>Update and Expansion of Sexual Assault Survivors Rights to Protection RESOLVED, That the American Academy of Family Physicians update and expand the sexual assault survivors' rights to protection policy to include wording to oppose the use of incarceration to mandate sexual assault victims to testify.</p>	New Physician, Minority	Advocacy	Commission on Health of the Public and Science	Agree with Modification. The commission will add the suggested language and review the overall policy.
1008	<p>Transparency for Qualifying Employment Within the Public Service Loan Forgiveness Program RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to encourage transparency by the Public Service Loan Forgiveness program about qualifying employment for its program.</p>	New Physician	Advocacy	Commission on Governmental Advocacy	Agree. CGA agreed to recommend that the AAFP communicate with the U.S. Department of Education in support of NCCL Resolution 1008, Transparency for Qualifying Employment Within the Public Service Loan Forgiveness Program. The Board concurred.
1009	<p>Reaffirm Current AAFP Policy to Oppose Legislative Restrictions on Centers Receiving Title X and Medicaid Funding RESOLVED, That the AAFP continue to lobby U.S. Congress to</p>	Women	Advocacy		Reaffirmed as current policy by the AAFP Board of Directors.

	<p><i>oppose legislation that diminishes funding and/or access to preventive and reproductive health services for women and men, and re-engage fully in the support for these vital services, and be it further</i></p> <p><i>RESOLVED, That as a matter of policy the American Academy of Family Physicians reiterate the necessity of maintaining Medicaid and Title X funding of all providers of clinics who meet usual standards of eligibility, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians send an updated letter to the appropriate members of the U.S. Congress reiterating our continued firm and unwavering support for funding of the family planning program as authorized by Title X of the Public Health Service Act of 2017 and opposing the addition of new restrictions.</i></p>				
1010	<p>Support Reauthorization of the Ryan White Care Act <i>RESOLVED, That the American Academy of Family Physicians publicly support Ryan White Care Act funding, when proposed for reauthorization for the care of individuals and communities affected by HIV and the continuation of programs related to HIV prevention and treatment.</i></p>	LGBT, New Physician	Advocacy		Reaffirmed as current policy by the AAFP Board of Directors.
1011	<p>Support for Tribal Sovereignty Substitute as amended on the floor: <i>RESOLVED, That the AAFP release a Smartbrief and/or all other possible avenues regarding the high incidence of sexual assault against Native women and the lack of legal recourse against the perpetrators and the subsequent effects of this helplessness on the emotional and mental health of the victims.</i></p>	New Physician, LGBT	Advocacy	Commission on Health of the Public and Science	Agree. The commission will contact the authors of the resolution to determine their willingness to draft marketing and communication messages for AAFP. AAFP staff will determine the most appropriate communication strategy for the members at large.
1012	<p>Maternity and Reproductive Health Care are Essential Benefits <i>RESOLVED, That the American Academy of Family Physicians oppose legislation that allows insurers to opt out of maternity and reproductive health coverage, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians issue a formal statement affirming that maternity and reproductive health services are essential to</i></p>	Women, LGBT	Advocacy		Reaffirmed as current policy by the AAFP Board of Directors.

	<i>general health care and should be covered under all insurance plans.</i>				
1013	Support Telemedicine Medication Abortion <i>RESOLVED, That the American Academy of Family Physicians oppose legislation that singles out medication abortion as a service to ban from telemedicine care.</i>	Women, LGBT, New Physician	Advocacy		Reaffirmed as current policy by the AAFP Board of Directors.
1014	Oppose the Trump Administration Executive Order to Withhold Federal Funding to Sanctuary Cities <i>RESOLVED, That the American Academy of Family Physicians write a letter to President Trump voicing its opposition to Executive Order 13768 regarding sanctuary cities.</i>	Women, New Physician, LGBT	Advocacy	Commission on Governmental Advocacy	Accept for information. The CGA discussed developing and distributing a new immigration policy but agreed that this would require more research and discussion before pursuing at this time. CGA agreed to accept for information NCCL Resolution 1014. The Board concurred.
1015	Adoption Equality <i>RESOLVED, That the American Academy of Family Physicians support the removal of legislative and logistical barriers to adoption by Lesbian, Gay, Bisexual, and Transgender (LGBT) people families and individuals.</i>	LGBT, Women	Advocacy		Reaffirmed as current policy by the AAFP Board of Directors.
1016	Support Health Care for Undocumented Patients and Their Families <i>RESOLVED, That the American Academy of Family Physicians create a policy statement supporting the provision of health care for all patients regardless of immigration status, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians should create a physician tool kit to help physicians address knowledge gaps surrounding immigrant health care, including but not limited to the legal rights of undocumented patients as well as clinical medical care, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians create a policy statement opposing required collection or reporting on immigration status data, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians lobby for legislation that would ensure continued access to health care among undocumented immigrants and their families and oppose any legislation that would decrease access to care.</i>	Minority, New Physician, LGBT	Advocacy	1st, 3rd, 4th Resolved Clauses - Commission on Governmental Advocacy 2nd Resolved Clause - Commission on Health of the Public and Science	1 st , 3 rd , 4 th Resolved Clauses - Accept for information. The CGA discussed developing and distributing a new immigration policy but agreed that this would require more research and discussion before pursuing at this time. CGA agreed to accept for information NCCL Resolution 1016. The Board concurred. 2 nd Resolved Clause – Agree with modification. A subgroup of the commission will review the resolution to determine appropriate action.
2001	Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory on the AAFP website <i>RESOLVED, That the American Academy of Family Physicians</i>	New Physician, Women, Minority			Not adopted by the 2017 National Conference of Constituency Leaders.

	<p>obtain input from each Member Interest Group about at least one searchable feature to add to “Find Residency Programs” on the AAFP website so that prospective residents would be able to search for procedures including, but not limited to, “abortion,” “primary caesarian section”, “buprenorphine provision”, “hospitalist training”, “ultrasound training”, “colonoscopy” and “high volume maternity care”, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians reach out to family medicine program directors to identify which search terms are appropriate for their programs.</p>				
2002	<p>AAFP Recognize Physician Wellness Activities for AAFP Elective Credits RESOLVED, That the American Academy of Family Physicians investigate the feasibility for members to self-report approved physician wellness activities for AAFP elective credit.</p>	Minority, New Physician	Education	Commission on Continuing Professional Development	Accept for information. The COCPD determined that, members can currently claim credit for physician wellness activities that are formally certified for AAFP credit. Additionally, members could claim up to 25 Elective credits for physician wellness activities under professional enrichment, as appropriate.
2003	<p>Develop Residency Curriculum for Social Determinants of Health RESOLVED, That the American Academy of Family Physicians develop a residency curriculum guideline in alignment with Accreditation Council for Graduate Medical Education competencies, on the topic of healthcare disparities, social determinants of health, and community needs assessment.</p>	Women, New Physician, Minority	Education	EVP for appropriate staff referral	Accept for information. The AAFP Center for Diversity and Health Equity (CDHE) is investigating information regarding current content and gaps in curriculum and is collaborating with the AAFP Medical Education Division. The AAFP CDHE is committed to strengthening the education and training of students and residents and will work with other family medicine organizations to provide updates and new knowledge.
2004	<p>Parental Leave During Residency Training RESOLVED, That the American Academy of Family Physicians lobby the American Board of Family Medicine to amend its continuity of care requirement to afford parental leave for 12 weeks following delivery and independent of absence prior to delivery.</p>	New Physician, Women			Not adopted by the 2017 National Conference of Constituency Leaders.
2005	<p>Reassessment of American Academy of Family Physicians Educational Opportunities About Modern Evidence-based Fertility Awareness Based Methods of Family Planning RESOLVED, That the American Academy of Family Physicians (AAFP) offer updated continuing medical education opportunities at AAFP-sponsored events for members to learn about fertility awareness based methods, and be it further</p>	Minority, Women	Education	1st, 3rd Resolved Clauses - Commission on Continuing Professional Development 2nd Resolved Clause – EVP for appropriate staff referral	1 st , 3 rd Resolved Clauses – Agree with modification. The COCPD acknowledged that AAFP produced CME is limited in the specific area of fertility awareness based methods. The COCPD requires AAFP produced CME to be developed based on members educational needs and professional practice gaps and member demand. Therefore, the modification to the first resolve is for the AAFP to conduct a needs assessment and determine learner demand and to offer education as appropriate to the second resolve clause. AAFP staff

	<p><i>RESOLVED, That the American Academy of Family Physicians request the American Family Physician journal cite fertility awareness based methods' effectiveness rates based on the highest quality research available, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) ensure all AAFP-provided education cite fertility awareness based methods' effectiveness rates based on the highest quality research available.</i></p>				<p>will assess member needs, gaps and demand on this topic and will offer education based on the findings. The modifications are as follows:</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) <u>conduct a needs assessment and determine learner demand for</u> offer updated continuing medical education opportunities at AAFP-sponsored events for members to learn about fertility awareness based methods, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) ensure, <u>as appropriate</u>, all AAFP-provided education cite fertility awareness based methods' effectiveness rates based on the highest quality research available.</p> <p>2nd Resolved Clause – Accept for information. Dr. Siwek, Editor, AFP informed staff that AFP attempts to use "best-evidence" for ALL clinical content, and are mindful of using widely accepted rates of the effectiveness of fertility awareness methods, such as those on the CDC website.</p>
2006	<p>Family Physician Education on Undesired and Nonviable Pregnancy <i>RESOLVED, That the American Academy of Family Physicians update the current maternal care curriculum guidelines to include the management of unintended or nonviable pregnancies that family medicine residency programs can use, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians include the care of women with unintended or nonviable pregnancies in a future FP Essentials issue, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians include in its future curriculum cycles the topic of counseling and management of unintended or nonviable pregnancies in live continuing medical education events.</i></p>	Women, New Physician, Minority	Education	<p>1st Resolved Clause – Commission on Education</p> <p>2nd, 3rd Resolved Clauses - Commission on Continuing Professional Development</p>	<p>1st Resolved Clause – Agree. COE Subcommittee on Graduate Curriculum will revise CG 261 (Maternity Care) and CG 282 (Women's Health and Gynecologic Care) to more adequately reflect the intent of this resolution by revising the "counseling" language to reflect "managing" type language. Forwarded to Board Chair on 12/21/17 for approval - APPROVED.</p> <p>2nd, 3rd Resolved Clauses - Accept for information. The COCPD determined that this topic is appropriately addressed within the AAFP's CME program, though not in the specific products/formats requested.</p>
2007	<p>Improving Physician Education for Buprenorphine Treatment for Opioid Use Disorder <i>RESOLVED, That the American Academy of Family Physicians (AAFP) offer addiction medicine continuing medical education training on opioid agonist therapy</i></p>	LGBT	Education		<p>1st Resolved Clause – Reaffirmed as current policy by the AAFP Board of Directors.</p> <p>2nd Resolved Clause – Accepted for Information by the AAFP Board of Directors. The AAFP does not have a vetting process in place to link to</p>

	<p><i>including buprenorphine waiver training with other relevant organizations, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) create a link to the American Society of Addiction Medicine and other relevant organizations to disseminate information on existing addiction medicine continuing medical education to AAFP members.</i></p>				<p>other organizations or to allow other organizations to link to AAFP's website. Linking to another organization implies endorsement. In addition, this organization is a CME competitor to the AAFP.</p>
2008	<p>Social Determinants of Health Curriculum</p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a residency curriculum guideline in alignment with Accreditation Council for Graduate Medical Education competencies, on the topic of healthcare disparities, social determinants of health, and community needs assessment.</i></p>	Women, Minority	Education	EVP for appropriate staff referral	<p>Reaffirm. The Commission on Education believes this is an important topic and it is best incorporated into a curriculum guideline contextually. For example, there is extensive and more subtle reference to social determinants and community needs assessment in almost all of the current curriculum guidelines with some key examples being Global Health, Adolescent Health, Care of Older Adults, Human Behaviors and Mental Health, Lesbian, Gay, Bisexual, Transgender Health, Maternity Care, Men's Health and Palliative and End of Life Care. The commission also agreed that in regular scheduled reviews of curriculum guidelines, there will be a critical assessment of the curriculum guideline to ensure there is context for social determinants.</p>
2009	<p>Transgender Medicine Training in Family Medicine</p> <p><i>RESOLVED, That the American Academy of Family Physicians write a letter to the Accreditation Council for Graduate Medical Education encouraging transgender medicine be a family medicine residency training requirement.</i></p>	LGBT	Education		<p>Accepted for Information by the AAFP Board of Directors. The ACGME curriculum requirements are broad and less specific in focus than what the resolution is requesting. The AAFP typically does not suggest to the ACGME what should be included in residency training. The AAFP does develop curriculum guidelines around various topics to aid residency programs in training.</p>
2010	<p>Solving Our Shortage of Primary Care Physicians By Eliminating All Medical School Debt</p> <p><i>RESOLVED, That the American Academy of Family Physicians investigate providing "free medical school education" by requiring a two year mandatory service prior to the possibility of specializing.</i></p>	Minority			<p>Not adopted by the 2017 National Conference of Constituency Leaders.</p>
2011	<p>IMG Mentorship Program via the American Academy of Family Physicians</p> <p><i>RESOLVED, That the American Academy of Family Physicians promote the availability of elective continuing medical education teaching credits for the provision of direct training and mentorship to international medical graduates.</i></p>	IMG	Education	Commission on Continuing Professional Development	<p>Agree with modification. The COCPD agrees that the AAFP should promote the availability of CME for the provision of training and mentorship to international medical graduates (IMGs). AAFP members can claim Prescribed credits, not Elective, for teaching. This includes teaching of IMG's. Therefore, the original resolution was modified to the following and agreed upon by the commission:</p>

					RESOLVED, That the American Academy of Family Physicians promote the availability of elective Prescribed continuing medical education teaching credits for the provision of direct training and mentorship to international medical graduates.
2012	<p>Live Continuing Medical Education on Comprehensive Treatment of Gender, Sexual and Romantic Minorities RESOLVED, That the American Academy of Family Physicians offer continuing medical education at the 2018 Family Medicine Experience on hormone therapy for transgender patients.</p>	LGBT	Education	Commission on Continuing Professional Development	Reaffirm. The COCPD determined that this topic is appropriately addressed within the AAFP's current and future CME programming.
2013	<p>Endorsement of National Board of Physicians and Surgeons RESOLVED, That the American Academy of Family Physicians recognize and endorse the National Board of Physicians and Surgeons as a viable board certifying entity for family physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the use of continuing medical education to fulfill life-long learning requirements without redundant activities, as is the focus of National Board of Physicians and Surgeons.</p>	Minority			Not adopted by the 2017 National Conference of Constituency Leaders.
2014	<p>Elimination of American Board of Family Medicine Board Re-Certification Exam RESOLVED, That the American Academy of Family Physicians support the elimination of the American Board of Family Medicine re-certification board exam as a mandated requirement of maintenance of certification.</p>	IMG, New Physician, Minority	Education	Commission on Continuing Professional Development	This resolution was referred to the AAFP Task Force on Board Certification in Family Medicine which held their final meeting on January 25th, 2018. Recommendations from the Task Force are embargoed until the AAFP Board of Directors (BOD) meeting in April 2018. Current status is pending until action by the BOD at that time.
2015	<p>Family Physician Continuing Medical Education on Reproductive Healthcare RESOLVED, That the American Academy of Family Physicians (AAFP) offer enduring continuing medical education (CME) programs including sessions annually at the Family Medicine Experience, the National Conference of Family Medicine Residents and Medical Students, and other CME opportunities in person and online covering topics of reproductive healthcare, including but not limited to, contraception counseling and management (beginner and advanced sessions), long-acting reversible contraceptives (LARC) workshops, Ob/gyn ultrasound</p>	Women, Minority, LGBT	Education		Reaffirmed as current policy by the AAFP Board of Directors.

	<p><i>workshops, miscarriage management, abortion management, prenatal and pregnancy related care, infertility care, sexuality, Lesbian, Gay, Bisexual Transgender care, sexual dysfunction, sexually transmitted infections, trauma-informed exams, and assessing and treating for violence and abuse, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage chapters to offer members enduring continuing medical education (CME) programs including sessions annually at the Family Medicine Experience, the National Conference of Family Medicine Residents and Medical Students and other CME opportunities in person and online covering topics of reproductive healthcare, including but not limited to, contraception counseling and management (beginner and advanced sessions), long-acting reversible contraceptives (LARC) workshops, Ob/gyn ultrasound workshops, miscarriage management, abortion management, prenatal and pregnancy related care, infertility care, sexuality, sexual dysfunction, sexually transmitted infections, trauma informed exams, and assessing and treating for violence and abuse.</i></p>				
2016	<p>Enduring Continuing Medical Education on Comprehensive Treatment of Gender, Sexual and Romantic Minorities</p> <p><i>RESOLVED, That the American Academy of Family Physicians explore the development of free and enduring continuing medical education on comprehensive Gender, Sexual and Romantic Minorities (GSRM) care, including transgender hormone therapy, for its members, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) compile Gender, Sexual and Romantic Minorities (GSRM) resources in an easily identifiable location on the AAFP website, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians update its online list of transgender resources.</i></p>	LGBT, Women	Education	<p>1st Resolved Clause - Commission on Continuing Professional Development</p> <p>2nd Resolved Clause – Accept for Information</p> <p>3rd Resolved Clause – Commission on Membership and Member Services</p>	<p>1st Resolved Clause – Reaffirm. The COCPD determined that this topic is appropriately addressed within the AAFP’s current and future CME programming.</p> <p>2nd Resolved Clause – Accepted for Information by the AAFP Board of Directors.</p> <p>3rd Resolved Clause – Agree. Staff reached out to member leaders of the Lesbian, Gay, Bisexual, and Transgender (LGBT) constituency and asked them to review the current resources and offer suggestions of new pages that can be added to both the LGBT and transgender health resource pages. The web page has been updated and is now live. It was shared that the Subcommittee on Health Equity is addressing a similar resolution and it was suggested that Membership staff work directly with the staff in the Center for Diversity and Health Equity to keep the content current going forward.</p>

3001	<p>Decriminalization of Possession and Personal Use of Marijuana by Minors <i>RESOLVED, That the American Academy of Family Physicians update its current position on decriminalization of possession and personal use of marijuana to include minors and young adults, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians update its current policy to highlight the benefits of intervention and treatment of use in lieu of incarceration of minors and young adults.</i></p>	IMG	Health of the Public and Science	Commission on Health of the Public and Science	Agree with modification. The language in the current marijuana policy statement already addresses children and young adults and does not need to be changed. The statement about the benefits of intervention and treatment in comparison to incarceration for all people, including children and young adults, will be added to the policies titled Marijuana and Substance Abuse and Addiction.
3002	<p>Creation of Sexual and Gender Health Toolkit <i>RESOLVED, That the American Academy of Family Physicians (AAFP) provide a free and easily accessible gender and sexual health Tool Kit on the AAFP website, which includes education and resources to assist with assessing and addressing the medical needs of our patients with diverse gender identities and sexual expressions.</i></p>	LGBT, Women	Health of the Public and Science	Commission on Health of the Public and Science	Agree with modification. A subgroup of the commission will review the resolution to determine appropriate action.
3003	<p>Solitary Confinement in Youth <i>RESOLVED, That the American Academy of Family Physicians write a policy in support of ending solitary confinement for children in all juvenile and adult facilities.</i></p>	Minority, LGBT, Women	Health of the Public and Science	Commission on Health of the Public and Science	Agree. The commission will write a policy statement as requested in the resolution.
3004	<p>Lactation Support for Physician Moms <i>RESOLVED, That the American Academy of Family Physicians update its breastfeeding toolkit to share best practices for work place accommodations for breastfeeding physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create a statement of support for compensated, and protected break times for physicians to breastfeed, express, and store breast milk.</i></p>	Women, Minority, LGBT	Health of the Public and Science	Commission on Health of the Public and Science	Agree with modification. The recommended modification is to update the AAFP Breastfeeding Position Paper at its five-year review date in 2019 to include support for breastfeeding family physicians and their health care teams. The commission agreed with the importance of supporting practicing family physicians who are breastfeeding, and plans to include support for both practicing physicians and members of their health care teams. The commission has added this item to the list of planned updates for the position paper.
3005	<p>Call for a Physical Activity Vital Sign in Clinical Practice <i>RESOLVED, That the American Academy of Family Physicians encourage family physicians to make a routine, standardized and widespread practice of measuring patients' habitual physical activity.</i></p>	New Physician, Minority	Health of the Public and Science	Commission on Health of the Public and Science	Agree with modification. Rather than measuring physical activity, the commission will write a policy statement regarding the importance of physical activity.
3006	<p>Support for Clean Air and Clean Water Protections <i>RESOLVED, That the American Academy of Family Physicians condemn any actions taken by local, state, or national governments that weaken existing</i></p>	New Physician, IMG, LGBT	Health of the Public and Science	Commission on Health of the Public and Science	Agree with modification. The commission will expand the current Climate Change and Air Pollution policy, integrating elements of 2017 CoD Resolution 412 regarding glyphosate.

	<p><i>stream and air protections, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians Congress of Delegates strengthen and expand existing policy statements to more strongly support clean air and clean water protections, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians oppose any actions to reduce access to environmental health research data.</i></p>				
3007	<p>A Social Justice Framework for Health Policy</p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a General Statement on Health Policy which incorporates the following seven core social justice values that represent our profession with the intent it be used as a guide when deciding whether and which health policies are consistent with AAFP:</i></p> <ol style="list-style-type: none"> <i>1) Health care is a human right.</i> <i>2) We believe in evidence-based medicine and public health policy.</i> <i>3) Behavioral health services are a fundamental part of health care.</i> <i>4) Women's health must be protected.</i> <i>5) People deserve health care regardless of immigration status.</i> <i>6) The neglect and mistreatment of marginalized communities affects health and must be opposed.</i> <i>7) All people, regardless of their gender identity or sexual orientation, must be treated with dignity and respect.</i> 	Women, LGBT, New Physician	Health of the Public and Science		Accepted for Information by the AAFP Board of Directors. A policy currently exists on health care which states that the American Academy of Family Physicians (AAFP) believes that all people of the world regardless of social, economic or political status, race, religion, gender or sexual orientation should have access to essential health care services. The AAFP encourages its members to continue the voluntary delivery of medical care without charges or at reduced charges to the financially disadvantaged. (1983) (2016 COD). In addition, the AAFP also has a policy titled "Health Care for All: A Framework for Moving to a Primary Care-Based Health Care System in the United States", which was most recently approved by the 2014 Congress of Delegates. It was believed that the current health care policies encompass a majority of the points raised in the resolution and creating a new policy would be duplicative.
3008	<p>Body Size Recognition by the AAFP as a Social Determinant of Health</p> <p><i>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity include body size and sizeism as social determinants of health.</i></p>	LGBT, New Physician	Health of the Public and Science		Accepted for Information by the AAFP Board of Directors. The Center for Diversity and Health Equity's mission is to achieve health equity in primary care by focusing on interdisciplinary collaboration, health in all policies, strengthening the evidence based research and diversifying the health care workforce. The Center will promote policies that support advancing health equity and work to develop practical tools and resources to equip family physicians and their teams to better address the needs of patients, families, and communities with social issues that impact their health.
3009	<p>Enhancing Nutrition Education for Family Medicine Physicians</p> <p><i>RESOLVED, That the American Academy of Family Physicians expand its toolkit on Nutrition to include current evidence-based</i></p>	Minority, New Physician	Health of the Public and Science	Commission on Health of the Public & Science	Accept for information. Staff will explore options for enhancing nutrition education through AAFP CME activities.

	<i>strategies to educate family medicine physicians to provide standardized multidisciplinary patient-centered nutrition education.</i>				
3010	<p>American Academy of Family Physician Center for Diversity and Health Equity Report to Support the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) <i>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity commission a report, in partnership with The Robert Graham Center or similar entities to study the differential access to healthcare using social determinants of health data, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity submit a parallel report to the US Report to the International Convention of the Elimination of All Forms of Racial Discrimination (ICERD) to address concerns and recommendations set forth by the 2014 ICERD report.</i></p>	New Physician, Minority, LGBT	Health of the Public and Science	EVP for appropriate staff referral	Accept for information. The Robert Graham Center has several studies and reports that outline differential access based on gender, social deprivation index, race/ethnicity and geography. The AAFP Center for Diversity and Health Equity (CDHE) will address these and additional social determinants in our work and provide education on these topics to members. The CDHE will also review the next U.S. report to the UN ICERD when it becomes available.
3011	<p>Supporting Immigrant Physicians and Medical Students <i>RESOLVED, That the American Academy of Family Physicians (AAFP) oppose deportation without due process of medical students, residents, fellows, and practicing physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support medical students, residents, fellows, practicing physicians whose immigration status might be adversely affected by government action, so that they can continue to provide care in their communities.</i></p>	Minority, IMG	Health of the Public and Science	Commission on Governmental Advocacy	Reaffirm. CGA recognized recent AAFP statements and letters related to NCCL Resolution 3011 Supporting Immigrant Physicians and Medical Students. The Board concurred.
3012	<p>“Health in All Policies” to Achieve Health Equity <i>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity specifically utilize the terminology “Health in All Policies” in articulating their goals, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for legislation that mandates a Health in All Policies Framework at federal, state, and</i></p>	Women	Health of the Public and Science	<p>1st, 3rd Resolved Clauses - EVP for appropriate staff referral</p> <p>2nd Resolved Clause – Accepted for Information by the AAFP Board of Directors</p>	<p>1st, 3rd Resolved Clauses – Reaffirm. The AAFP Center for Diversity and Health Equity (CDHE) has determined that the Health in All Policies (HIAP) framework will be utilized in the prioritization of its advocacy agenda and shared with the public, stakeholders and members in the form of policy briefs to support HIAP integration at the local, state and federal level.</p> <p>2nd Resolved Clause – Accept for information. Accepted for information by the AAFP Board of Directors.</p>

	<p><i>local government levels, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) write a policy statement articulating the AAFP's commitment to Health in All Policies.</i></p>				
3013	<p>Recommend HIV Antiretroviral Therapy for Incarcerated Patients</p> <p><i>RESOLVED, That the American Academy of Family Physicians recommends that all federal and state correctional institutions follow Health & Human Services guidelines for the treatment of all patients infected with Human Immunodeficiency Virus, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter to state and federal correctional regulatory bodies strongly urging that all correctional facilities follow Health & Human Services guidelines for the treatment of all patients infected with Human Immunodeficiency Virus.</i></p>	LGBT, New Physician	Health of the Public and Science	Commission on Health of the Public and Science	<p>1st Resolved Clause – Accept for information. The commission agreed with the spirit of the resolution, however, the commission could not support recommending specific guidelines that have been neither reviewed nor endorsed by the AAFP. Therefore, the first resolved clause was accepted for information as it is outside the purview of the AAFP.</p> <p>2nd Resolved Clause – Agree with modification. Encouraging correctional facilities to provide evidence-based treatment is important. Therefore, the commission agreed with modification the second resolved clause. The modification is that the AAFP will send a letter urging correctional facilities to follow evidence-based guidelines for the treatment of HIV, without naming specific guidelines. Staff will identify the appropriate entities to which the letter should be sent, and will seek Board Chair approval on the letter.</p>
3014	<p>Supporting Family Physicians in Social Determinants of Health Screening, Data Collection and Payment</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other organizations in the development of a validated tool(s) for social determinants of health screening, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity develop a criteria to evaluate measures of social determinants of health, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for the development of curricular content for resident and student education on social determinants of health, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians promote to its members best practices for coding related to</i></p>	Minority, New Physician	Health of the Public and Science	EVP for appropriate staff referral	Reaffirm. The AAFP Center for Diversity and Health Equity (CDHE) will be working with collaborators to support further validation and standardization of existing tools and their dissemination to the primary care workforce. This may include a social deprivation index measure developed by the Robert Graham Center that addresses social risk (employment and insurance status, nationality and ethnicity).

	<p><i>social determinants of health, including for the purpose of collecting population data, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for payment for care coordination and data collection related to social determinants of health.</i></p>				
4001	<p>Adding Diversity to the American Academy of Family Physicians Board of Directors <i>RESOLVED, That the American Academy of Family Physicians add one additional seat to the Board of Directors from the member constituencies, and be it further</i></p> <p><i>RESOLVED, That the new member constituency board seat be for a one-year term, elected at the National Conference of Constituency Leaders annually in a similar fashion as the new physician board member.</i></p>	IMG	Organization & Finance		Accepted for Information by the AAFP Board of Directors. The AAFP Board of Directors represents a diverse membership and is focused on making sure the AAFP achieves its strategic objectives, which impact all members. Over the years, the makeup of the Board has consisted of members who self-identify as one of the five Board-approved member constituencies. It is the obligation of the AAFP Board to represent all members, including those who make up the member constituencies, and advance the organization in such a way that all members benefit. In some non-profit governance studies, it has been cited that the effectiveness of the group decision making process decreases as the size of the Board gets larger.
4002	<p>Establish a Rural Family Medicine Constituency <i>RESOLVED, That the American Academy of Family Physicians create a Rural Family Medicine Constituency at the AAFP National Conference of Constituency Leaders.</i></p>	New Physician, Minority, Women			Not adopted by the 2017 National Conference of Constituency Leaders.
4003	<p>American Academy of Family Physicians Physician Burnout Resources <i>RESOLVED, That the American Academy of Family Physicians (AAFP) places physician burnout resources as a direct tab under Member Services on the AAFP website.</i></p>	Women, Minority			Not adopted by the 2017 National Conference of Constituency Leaders.
4004	<p>Non-Discriminatory Meeting Locations <i>RESOLVED, That the American Academy of Family Physicians (AAFP) when scheduling meetings and events, consider giving preference to locations with policies and laws consistent with the AAFP policy on discrimination.</i></p>	LGBT	Organization & Finance		Reaffirmed as current policy by the AAFP Board of Directors.
4005	<p>Gender Neutral Restrooms at American Academy of Family Physicians Events <i>RESOLVED, That the American Academy of Family Physicians (AAFP) ensure the provision of a gender neutral restroom(s) at national AAFP events when able to do so and, be it further</i></p>	LGBT	Organization & Finance	EVP for appropriate staff referral	<p>Agree with modification. Gender neutral restrooms were identified by special signage and in the mobile app at both the 2017 Family Medicine Experience and the Congress of Delegates.</p> <p>AAFP staff will continue to look for opportunities to provide gender neutral restrooms, and identify them</p>

	<i>RESOLVED, That all American Academy of Family Physicians (AAFP) event restrooms, including gender neutral restroom(s), be labeled on the AAFP event mobile application map.</i>				through the mobile app, at national AAFP events when able to do so.
4006	Walking the Walk <i>RESOLVED, That the American Academy of Family Physicians (AAFP) review AAFP personnel policies and ensure continued alignment with AAFP non-clinical policy statements.</i>	Women, New Physician			Not adopted by the 2017 National Conference of Constituency Leaders.
4007	Opportunities to Encourage Graduating Residents to Maintain Membership Within the American Academy of Family Physicians <i>RESOLVED, That the American Academy of Family Physicians develop language to help residents negotiate for employers to support state and national specialty society membership dues within their compensation/CME package.</i>	New Physician, Minority	Organization & Finance	EVP for appropriate staff referral	Agree. A document has been developed that outlines the benefits/value of AAFP membership to an employer that graduating residents and employed physicians can use when negotiating with employers to pay for their AAFP membership dues. The document is being field-tested during in-depth interviews with employed physicians and employers to refine the value messaging. The final document will be sent to the AAFP Board of Directors for approval at their April meeting. The approved document will then be posted to the AAFP website and made available to chapters.
4008	American Academy of Family Physicians Funding for IMG Delegate to National Conference of Constituency Leaders <i>RESOLVED, That the American Academy of Family Physicians survey its IMG membership to identify possible causes of declining attendance at national meetings.</i>	IMG	Organization & Finance		Reaffirmed as current policy by the AAFP Board of Directors.
5001	Revise the Allotment of Payment for the Performance and Interpretation of Radiologic Services <i>RESOLVED, That the American Academy of Family Physicians investigate the current allocation of radiologic relative value units (RVUs) to include a substantial component for the ordering, clinically correlated interpretation, and explanation of results to the patient.</i>	Women, New Physician	Practice Enhancement		Reaffirmed as current policy by the AAFP Board of Directors.
5002	Encouraging Insurances to Adopt Core Measure Sets <i>RESOLVED, That the American Academy of Family Physicians reach out to each of the national payor organizations urging acceptance and implementation of the core measure sets as decided upon by the Core Quality Measures Collaborative.</i>	Women	Practice Enhancement		Reaffirmed as current policy by the AAFP Board of Directors.
5003	Opposition to Tiered Payment Structures that Negatively Impact the Health of Special Populations	Women			Not adopted by the 2017 National Conference of Constituency Leaders.

	<i>RESOLVED, That the American Academy of Family Physicians oppose payment structures using inappropriate guidelines that are not adjusted for the health of special populations.</i>				
5004	<p>Operative Delivery Privileges <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create, make available on the AAFP website, and publicize a toolkit for use by family physicians seeking to become credentialed in the provision of maternity care, including high-risk and operative obstetrics, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians maternity credentialing toolkit include resources specifically outlining the general credentialing processes within hospital systems and provision of model language designed to assist family physicians in achieving requirements for such credentialing processes.</i></p>	New Physician, Minority, Women, LGBT	Practice Enhancement	EVP for appropriate staff referral	<p>Reaffirm. There were two NCCL resolutions that related to family physicians providing high-risk and operative deliveries. NCCL Resolution 5005, "Increasing the Number of Family Physicians Providing Operative Obstetrics" was accepted for information by the Commission on Quality and Practice in 2017. The authors of Resolution 5005 considered combining information with Resolution No. 5004 but felt Resolution 5004 was more specific to credentialing issues.</p> <p>AAFP web content on Hospital Privileging for Family Physicians was updated in 2017. A document titled, "Steps for Hospital Credentialing and Privileging," provides members detailed information on the process. Additionally, the AAFP received a legal opinion in 2017 written by the law firm Seigfreid Bingham. The legal opinion presents an objective, evidence-based position on privileging.</p> <p>In the June 15, 2017 article of American Family Physician, the Graham Center issued a policy paper titled, "Family Physicians Practicing High Volume Obstetric Care Have Recently Dropped by One-Half." Prior research has shown a decline in the percentage of family physicians practicing low (one to 25 deliveries per year) or medium-volume (25 to 50 deliveries per year) obstetrics. Thirteen years of data through 2016 found continued declines in low-medium volume obstetrics, along with a new 50 percent decrease providing high volume obstetrics (more than 50 deliveries per year).</p> <p>The AAFP has many policies members may access on privileging. A position paper titled, "Cesarean Delivery in Family Medicine," notes obstetric care is an integral part of many family physicians' scope of practice. If the resources listed above are not adequate for a member to secure privileges, upon request, staff will draft a letter of support.</p>
5005	Increasing the Number of Family Physicians Providing Operative Obstetrics	Women, New Physician, LGBT	Practice Enhancement	Commission on Quality and Practice	Accept for information. The commission accepted the resolution for information. The resolution asks the AAFP to investigate barriers

	<p><i>RESOLVED, That the American Academy of Family Physicians perform further investigation into continued barriers posed to the provision of maternity care, including high-risk and surgical obstetrics, by family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians actively work to eliminate barriers posed to the provision of maternity care, including high-risk and surgical obstetrics, by family physicians.</i></p>				<p>posed to the provision of maternity care and actively work to eliminate those barriers. The AAFP periodically surveys members to learn how many members are providing maternity care and the reasons for not providing. The most common reason is lack of desire related to lifestyle issues. When members do encounter barriers obtaining maternity care privileges, AAFP support is available in the form of consultation with staff and access to a body of privileging policies and protocols. These are accessible on the AAFP's website.</p>
5006	<p>Coverage of Assisted Reproductive Technologies <i>RESOLVED, That the American Academy of Family Physicians issue a statement encouraging insurance providers to cover evidenced-based assisted reproductive technologies for individuals and couples suffering from infertility regardless of marital status, sexual orientation, or gender identity.</i></p>	LGBT, Women	Practice Enhancement	Commission on Quality and Practice	<p>Agree. The commission agreed to implement this resolution by updating the current "Coverage Equity on Drug, Testing, Procedure Coverage" policy to reflect the request of the resolution. In addition, the commission will send a letter to the major insurance companies notifying them of the updated policy. The policy was approved by the Board of Directors at its December 2017 meeting. The letter will be sent March of 2018</p>
5007	<p>Support Income Transparency to Achieve Equitable Pay Among Family Physicians <i>RESOLVED, That the American Academy of Family Physicians create a policy statement supporting increasing transparency, such as removal of non-disclosure clauses from contracts, and decrease wage gaps based on gender, gender identity, sexual orientation, and race/ethnicity.</i></p>	LGBT, Women, Minority	Practice Enhancement	Commission on Quality and Practice	<p>Agree. The commission agreed to implement the resolution by adopting the new "Transparency and Equity in Physician Compensation" policy. The AAFP has three policies related to transparency but the commission determined these did not address the request of the resolution. The policy was approved by the Board of Directors at its December 2017 meeting.</p>
5008	<p>Creating a Legal Opinion for Family Physicians to Practice in the Emergency Department <i>RESOLVED, That American Academy of Family Physicians further prevent the restraint of trade of family physicians by providing a sample legal opinion in favor of family physicians practicing within emergency departments.</i></p>	IMG	Practice Enhancement	EVP for appropriate staff referral	<p>Agree. In response to this resolution, among other things, the AAFP commissioned the Kansas City law firm of Seigfried Bingham to update the previous opinions it had rendered to the AAFP regarding the denial of medical staff membership or privileges to perform specific procedures based solely on specialty or board certification. The updated opinion, which the AAFP received in November 2017, concludes that credentialing decisions and granting of privileges may lawfully be based only on the demonstrated experience, training and competency of the physician in question. The opinion addresses not only family physicians practicing emergency medicine but those who are competent and experienced in other specialties as well. The opinion, along with other privileging and credentialing resources, is available on the AAFP's website.</p>

5009	<p>Private Practice Startup Resources <i>RESOLVED, That the American Academy of Family Physicians develop a "Private Practice Startup Toolkit" to prepare family physicians interested in beginning a private practice, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians sponsor a live workshop at a national conference on starting a private practice for members.</i></p>	New Physician	Practice Enhancement	Commission on Quality and Practice	Agree. The commission agreed to implement the resolution "Practice Startup Resources" by creating a toolkit and offering a high-level starting a practice lecture at National Conference. The toolkit will be available June 2018. The resolution was approved by the Board of Directors at its December 2017 meeting.
5010	<p>Physician Procedure Network <i>RESOLVED, That the American Academy of Family Physicians develop a physician procedure network, where family physicians may link up with other host physicians who will proctor them.</i></p>	Minority, Women, New Physician	Practice Enhancement	Commission on Quality and Practice	Accept for information. The commission agreed to accept the resolution for information. The resolution asks the AAFP to develop a physician procedure network where family physicians can link up with other host physicians who will proctor them. Member Interest Groups (MIGs) were created to define, recognize, and support AAFP members with shared professional interests. The formation of a Member Interest Group (MIG) along with Primary+ provides members with the support to establish a physician procedure network.
5011	<p>Advocate for Creation of a Data Interface to Support Accountable Health Communities <i>RESOLVED, That the American Academy of Family Physicians advocate for development of an electronic data interface that facilitates inter-agency communication and data sharing between members of accountable health communities such as community health centers, the special supplemental nutrition program for Women, Infants and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), the Department of Human Services (DHS), the Department of Housing and Urban Development (HUD) and others in order to improve individual and community health.</i></p>	New Physician, Minority	Practice Enhancement		Accepted for Information by the AAFP Board of Directors. The AAFP attempted such in 2007 with the establishment of the ASTM Continuity of Care Record Standard (CCR). The standard was supplanted with the HL7 Continuity of Care Document (CCD) and subsequent revisions. The successors of the CCD are required as part of the 2015 Edition Certified EHR Technology. Literally, billions of dollars and thousands of man-hours have been devoted to such interoperability. A project by the AAFP would not feasibly move the needle further. The hope for such interoperability is the movement toward value-based payment which will reward interoperability and pull interoperability forward instead of pushing with standards that has been tried for decades. The Office of the National Coordinator is tasked with coordination of health IT and health information exchange across federal agencies
5012	<p>Opposition to Payment-Based on Compliance with Reporting Non-Evidence-Based Health Data to Payor Sources <i>RESOLVED, That the American Academy of Family Physicians oppose requirements of family physicians for collection and reporting of any patient data that is not of evidenced benefit to patients as a requirement for payment.</i></p>	Women			Not adopted by the 2017 National Conference of Constituency Leaders.